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LECTURES ON PHRENOLOGY, BY DR. SPURZHEIM.

LECTURE 13.

LADIES AND GENTLEMEN,

I have finished the individual organs and the respective powers manifested by them. You may ask whether we have not too many, or whether we have enough. Those who think that we have too many, must reflect that the same mode of reasoning which convinces us that there are two or three fundamental powers proves also that there are thirty-five, or probably more. We endeavour to explain the parts we observe, and if we could explain them by a single power, there would be no necessity for multiplying them. I say to those who hint that there are too many powers, "tell me any one that can be expelled, or any one power whose action you can explain by referring it to another. I have not found that the parts could be explained by diminishing the number; nature is not so simple in her operations as some speculative philosophers suppose.

Those who think that there are not enough powers confound the action with the power. This is a very important point to distinguish, because a small number of powers may produce an infinite number of actions, by their combination. It is really astonishing to find every individual so modified in this way, although possessing the same powers, that among thousands and thousands of men, you will never meet with another exactly like yourself. We shall find that thirty-five powers, if tried by numerical progression, would form an infinite number of combinations; just as a certain number of letters, possessing few primitive sounds, will allow of the formation of an immense number of words. There are but few primitive colours, but their combinations are immense. We never see two faces quite alike; the parts composing the face are but few; but how innumerable are the varieties of appearance produced! I see no reason for believing, therefore, that there are too many, or that there are not enough.

The parts of nature must be explained, and if it be necessary to adopt a power to explain them, we must not hesitate to do so. In looking at the individual organization, and the several organs of the powers we have spoken of, we shall find really a philosophical arrangement. The powers have not been discovered in the order I have spoken of them, but one has been discovered here, and another there, and in different parts successively, and if you just look at their situation, it is curious to find that those powers common to man and animals, are the powers necessary to animal existence, are all placed at the base of the brain, and you will find, that the more rare the powers in nature, the higher up are they placed, and you find them largest in man, as he is at the top of the animal creation. We find also that all the similar powers have their organs near to each other; you may see an instance of this in the arrangement of the propensities or feelings, the sentiments proper to man, and so on. Then again you see a difference in the size of the organs, some being small, others large, and if you reflect on the sphere of activity, you find that also differing; the activity of all persons is not equal. All things are reasonably to be understood, by taking them

into parts; make a moral analysis of any subject, and you will soon arrive at the elements of which it is composed, but talk of it in the bulk, and you will discover nothing. Suppose we say, first, that the individual fundamental powers exist, and that they are attached to individual cerebral parts to be ascertained only by observation; reasoning is worth nothing here; you may reason for ever on the subject, but you could not ascertain the situation of the respective powers by reasoning. Supposing this to be the case, we can then take a step farther, and endeavour to show the usefulness of phrenology.

In the first Lecture, I had the opportunity of saying, that it was impossible to speak of the usefulness of phrenology before the thing itself should be thoroughly understood. Suppose an organ exists, will it not be necessary to represent the configuration as nature presents it. An *artist* may draw a portrait of a person, or he may sketch out an historical picture; he may draw up dramatic scenes of common life, and produce good effect; but they say he ought to imitate nature. I have before shown, in drawing portraits, how necessary it is to attend to the configuration of the head. I have shown you that the head is as much modified in figure as the face, and that therefore it is necessary for an artist to attend to the figure of the head as well as the face, if he would represent nature. (The painting of the head and face separable from each other, by which another head might be appended to the same face, was shown, to point out the great importance of an attention to the shape of the head in portrait painting.) Do you suppose that if an artist were to represent a person he intended to be sent to heaven, and another to be sent to hell, that he would give them the same shaped heads? (A laugh.) The ancient artists were very attentive to the various shapes of the heads of persons of different talents, and they were right in doing so; why should we neglect it? Hence, in studying characters, it is necessary that artists should study the configurations of their characters, so that where cunning prevails, or natural affection, where firmness or humility prevails, we have seen that they are connected with individual organs, and these organs must be studied, if they wish to represent nature.

I come now to another point, to a new step in our investigations, to give a new application to the arts in common life, and to consider how far the powers of the mind are indicated by certain appearances of the countenance, by what is called *physiognomy*, a term derived from two Greek words *φυσις* nature, and *γνωμων*, a sign or indication, so that physiognomy means the indication of nature by certain signs, although in its application the term is restricted to the expressions of the countenance. Is there any such thing as physiognomy? I propose this question, and I know some will say there is, and others will contradict that assertion. We will assume that there is such a thing, and I am sure that every one is a physiognomist to a certain extent; when persons are brought together, one judges of another at first sight, but whether right or wrong I will not say. Animals, too, are physiognomists, and so are children. Animals can judge of some of the feelings of man; a dog will know whether his master is angry with him or pleased. His master may be angry with him, and express himself in an artificial language, but he may do this with a smile upon his countenance; the dog looks at him, but takes no notice of what is said, and, if he could speak would say, No, no, my master is not angry; but give him only one look expressive of anger, and the animal is afraid. Children always look at the faces of their parents, to see whether what they say is true or not. This is physiognomy, but I prefer to call it *natural language*. The last time, I spoke to you of artificial language, and pointed out the differences between them. Language is the expression by signs of what is going on internally; these signs are natural or artificial; if the signs employed be natural, then I call that natural language, and if the signs be artificial, then I call it artificial language. The natural language is employed by all animals endowed with consciousness and other powers. As soon as there is a power active, it is indicated by external signs, and this

is a language. In discussing about physiognomy, we have first to settle what we shall call physiognomy; according to its etymology, it means a knowledge of *nature*, but this meaning is quite overlooked in the present times, and it is commonly understood as the knowledge of *internal feelings* by external signs. However, these signs must be distinguished into two classes; 1st, Such *signs* as indicate *natural dispositions*, but not their activity; and, 2dly, Such signs as indicate the *activity* of the natural powers.

Physiognomists, from the ancient times to the present day, have confounded these two ideas; they have attempted sometimes to distinguish them, but in their application you will find that no sufficient distinction has been procured. In LAVATER's work, entitled "Fragments of Physiognomy," (and really they are but fragments,) two sorts of signs are spoken of, *physiognomical* and *pathognomical*; by the physiognomical signs are understood such as are shown in the solid parts, and the pathognomical are the signs observed in the soft parts, in the motions of the parts. This is an ancient distinction, but it has not been sufficiently observed in the application. When you look into the work of LAVATER, where he applies the signs, you will find that he confounds those which depend upon motion with those which depend upon configuration, and you will find that there is no rule, no principle established to guide our observations. I am sure that LAVATER himself had a fine tact in discovering, even in an astonishing manner, characters and talents; but he has given no principles by which others may do the same. However, this art of reading in the faces the characters and the talents is very important to actors and to artists. If you were to appeal, as I sometimes do, to artists, and ask them how they know how to represent exactly such and such characters; they say that the power must be felt; that there is a peculiar talent given to artists. This is true. There are artists who have a wonderful talent of representing on paper the internal feelings by certain external signs, and others cannot succeed in doing so. There is something of the same kind in practical life; there is the finest tact in some of judging of others by the external expression of the face. Some can do so with a certain description of men, but not with all characters. Among the actors again, you will see that there are some who will perform certain characters very well, but not others. Now is it possible to establish rules of natural language? I said before, that every thing done by Nature and dictated by the Creator, is submitted to rules, and that there are, therefore, principles in natural language. Hence, whoever has the talent I have just described is in possession of the principles of natural language.

Take any individual who has the power of colouring large; it is not necessary to say to him, place such and such colours together; he will know what to place together. Take another who has the reasoning powers strong, he will feel what is wrong and what is proper. The principles are necessary for the guidance of moderate powers. Nature has furnished principles by intuition to men of talents; but since the powers are not all equally active, it is necessary that principles should be supplied to persons possessing weaker talents; but recollect that the principles are discovered, not created. Natural language exists; the principles of it exist. The power of imitation is great in some, but not in others, and those artists who have the power strong will give great expression to what they represent. But what shall we do for those who have not the power very large? We must give principles to them; but how shall we find them out? It is really astonishing to observe how ancient this doctrine is; we find, if we read Solomon, that "one teaches with his fingers, and another makes signs with his hands;" many ancient authors, as CICERO and other great men, had written on physiognomy, and artists, who represent nature, ought to study it. The fundamental powers were not understood, and that seems to me the great reason why the subject of natural language has not advanced; for, as soon as we know them, our judgment of natural language begins, since every power has its peculiar sign in animals and in man. You can

never confound the signs of one power with those of another; hence I repeat, that each is fundamental, and that it is necessary for those who study physiognomy, and the signs by which the activity of the powers is indicated to understand the fundamental powers of phrenology, and more especially is this necessary for those who study expression in the arts. Follies have crept in here in the study of physiognomy, and, therefore, let me repeat, that I do not speak of the configuration of the face or other parts of the body as indicative of the powers, except the configuration of the brain. You would not, for example, judge by the shape of a man's hands whether the person had a great power of comparison or causality; you would not say, by the shape of a man's fingers, whether he is benevolent or otherwise, nor would you say by the shape of the nose, whether a man were a musician or mathematician. If you study the works of physiognomists, you will find that they admit certain signs to indicate the manifestations of the mind. They imagine that the nose is in some relation to the mind; they examine the nose of a witty person, and if they can find any thing peculiar in the nose of a witty person, then such a nose is regarded as demonstrable of wit. (A laugh.) Some imagine that there is something in the lip, or in the nose and lip, as indicative of wit, and so there are several external signs for the same internal power; but nature does not employ many modes of indicating the same talent. Nature is constant, and does not vary her course to flatter our conceptions; she is infinite in her modifications, but never varies in her principles. Hence we deny to physiognomy the power of indicating the talents, excepting only the brain, where the talents reside. If there be a proportion between the manifestation of any power and the appearance of the brain, we can distinguish it, but not so in any other part of the body. If we look for a talent, we must go to the part where the power resides.

I come now to a second point of physiognomy, which I shall examine a little more closely, namely, the motions of the soft parts, or the pathognomy of Lavater. The internal powers of the mind are manifested externally by the five senses and voluntary motion; hence we wish to find the signs of the internal activity in the five senses and voluntary motion. All that takes place externally must be considered in speaking of the internal powers, and this I have before spoken of under the name of natural language. Not the configuration merely, but the actions and expressions; suppose I were to confine myself to configuration, and take that part which physiognomists have chosen—the face; I might look at a bust, or at a man asleep, but there is no activity in them. I wish to arrive at the signs which indicate the activity of the internal powers. Is there a sign for self esteem? How can I know if self esteem be active? Or any other powers, say cautiousness, or acquisitiveness, how can I know whether these powers are active? By the external signs; by the natural language. Hence I say that a phrenologist studies the expression of a power, and the signs by which the activity of that power is indicated. A power, being destined to act, will employ the instruments necessary to act with, and will employ them in a way in which the function of that power may be best exercised; and I can conceive of nothing more simple, as the principle of natural language, or of the knowledge of the activity of the internal powers, than this. A power will employ the instruments wherewith to act, and the five senses in nature are familiar examples of what I mean. We find an apparatus, a mechanism fitted to each; every one will agree with me in that. Now certain other internal powers manifest themselves as plainly, by certain external actions, as the senses I have just mentioned. Permit me to go through certain powers, and to make certain applications of the powers by phrenology to the arts and to practical life, in order to convince you of the accuracy of this principle.

There is a power called *Combativeness*. This power gives a disposition to fight, according to its activity—to defend or to attack. A man attacks, I suppose, from the impulse given by this power, the power being very ac-

tive; there are those who, like the gladiator of ancient times, attacked others in the amphitheatre to amuse the people, and those who read the Roman antiquities will find various positions described in which they fought. The statue of a gladiator at Paris, of which this is a small model, is said to be in a position admirably calculated to fight; various opinions have been given on this point, but in what position is this man, I ask, to fight? (The trunk and right arm are stretched forwards, and the weight of the body consequently resting on the right leg, which is also advanced.) The description which is given of the position of this statue at the Louvre is, that it is admirably calculated for fighting, but I do not believe this. Every one who fights must take a position in which fighting is possible. Place yourself in the position which this statue is placed in, and you could not resist the blow of a boy in such a position. The artist did not intend to represent him fighting, it was something else that he intended. Look at this statue of Apollo; artists entertain different opinions of it; some say he is in the act of discharging an arrow from his bow, others say he has just discharged it, and is watching its effect. But what would you say of this position, could he bend the bow and send off the arrow in this position? (Apollo is represented stretching his body a little forwards and throwing the whole weight of it upon the right leg, which is advanced.) I have seen the Royal Archers of Edinburgh, and I never saw any of them discharge an arrow in such a position; the right leg must go back to be capable of applying force with the right arm, or the equilibrium would be lost by a slight jerk. I cannot blame the ancient artists, because I do not believe it was intended by them to have represented Apollo doing such things; they have represented their characters correctly, and they have chosen even difficult positions to represent, generally preferring beings in motion to those at rest. I believe that it is intended to represent a preparation for the discharge of the arrow, not the act of discharging. Observe the productions of the artists of this country, and you will find that they do not study enough the laws of natural language—their positions are not natural; the first object should be to ask, how does the thing take place? and then put the statue in such a position in which the power intended to be displayed can act. Go through the other powers and examine them in the same way; take secretiveness, cautionsness, and adhesiveness. Now as to adhesiveness, that will very much influence the manner of salutation; in this country you shake hands, but let me see a person shake hands with another, and I know by it if his attachment be nominal or sincere. If you give another merely a a finger or two, and just drop the hand down and remove it again in the same way, oh! then I know the power is not active. (A laugh.) But see how good old friends shake hands; they do it with an earnestness, and you may see that sincerity and attachment flow through their fingers, so to say. (Another laugh.)

I must be short, and therefore I will next say something of *Secretiveness*. How can I know when this power is active? By the natural language, by the appearance of the whole countenance; such a person looks sideways, looks about the room, but never looks you in the face; if he speaks it is in a whisper, and if he comes in at a door, he comes in softly, scarcely allowing himself to be heard; look at the sly animals, how they approach each other. If he do not feel great confidence he will scarcely look at the person he is addressing, and I make it a point always to study the natural language of persons more than the artificial language. He will wish to conceal himself, will avoid company, and if brought into it will soon try to get away. Look at the organization of secretiveness, and you will find the natural disposition and the development of the organ in correct proportion. Look at another who has *firmness* active; you will find it prevalent in all his actions. Having found the powers, the first thing in natural language, (and every power speaks its own language,) you will not confound self-esteem with the love of approbation, nor secretiveness with firmness, nor acquisitiveness with benevolence. We know, however, that

these powers are not always disposed to act, but that at certain times they are more active than others.

You will find that even in the parts not necessary to act the action goes on, and this is a second step in the study of natural language. I will explain; not only all the parts necessary to act are brought into action, but the similar parts of the body are brought into action to contribute to the expression of a certain power. If I find a disposition to contract my arms forcibly, is it not necessary to contract the muscles of my face at the same time? There are some persons who have a language of the eyes, and that language is understood by some and not by others; is there no accordance between the expression of other parts and that of the eyes? It is necessary to come to common life to observe the activity of the powers. A proposition very important in connexion with natural language is this, that there is a harmony, and there must be a harmony in all the natural expressions. The statue of Achilles, at Paris, is certainly a beautiful piece of sculpture, and it is represented in a sorrowful mood; all the right side is so, and all the left, except the arm, which has been restored, and it has no accordance with the other parts of the statue, for it is firmly contracted, whilst all the other muscles are represented relaxed; I would certainly knock it off, for it is only a disgrace to the other parts. The voice also bears a relation to the prevailing powers; if a man be very secretive and sly, his voice will be soft and sweet, but if very combative, firm, or courageous, his voice will be of a stronger tone.

Another point to be considered in natural language is this, all the motions of the body are modified by the state of activity of the powers. All the organs placed here about (the top of the head) draw the head upwards, and there are others which draw it down. Examine nature, and you will see how the external countenance changes, and how the positions of the head vary; if you see a person who has a good deal of self-esteem he will keep up—up straight, and perhaps stand and talk with you thus, (quite upright and the arms folded over the chest). (A laugh.) There are some children to whom you never require to say "keep up," and there are others to whom the governesses, or parents, are continually saying, "keep up, sit up." In walking, riding, and speaking, if you see a man keep himself quite erect with the "os sublime," you may be sure that the feeling of self-esteem is very active. But how do you say to another, "your humble servant, sir?" Do you throw your head back and place your arms "a kimbo?" (A laugh.) If a man were to say, "your humble servant," in this way, oh! you would tell him to go about his business, I am sure. The disposition is natural in all countries, and has been so at all times, to bend forwards whenever it is intended to show respect to an equal, or to a superior being. RAPHAEL has beautifully shown, in one of his paintings, the attachment of children to their parents by their suppliant forms as they approach; they lean forwards. See a man who has acquisitiveness active, a cunning man, he looks one way and then another way. Secretiveness makes a man look down; cautiousness makes a man look all about. Look to the stern countenance and sturdy expression of a man who has firmness active; nothing will move him, he holds himself quite upright, and the organ is situated at the top of the head. Then if you come to individuals who hope much, who pray with hope, they do not look for their Heavenly Father here about, (looking on the floor,) but they look up. God is every where, but whenever we wish to apply to a spiritual agent then up we go, although reason does not indicate that it is always to be found in one direction, either upwards or downwards. Whatever the situation of the organ may be which is active, there the head is carried in that direction, whether laterally, upward, or downward. If you try to recollect any thing, you lean your head forward upon your arm, and you put your finger almost upon the part; and it is a fact known, that after having reflected long upon any subject the front part of the head becomes painful. When the organ of harmony is active, observe how a person performs upon an instrument; if a young lady

plays upon a piano who has no taste for music, she puts her fingers upon the keys like sticks, but if she feels what she plays then observe her motions. So of wit and the other powers.

Following up the subject of the natural language, you will find that it will be more actively expressed in some countries than in others; some will speak with the whole body, others with particular parts; do not, however, confound what is essential with what is merely a modification. The essential powers are always the same, but the slyness of an Italian will be differently indicated from the slyness of an Englishman; the first will show it by his whole actions, and the second only in his eyes. In the expression of characters you may study gracefulness, and this is commonly done, but the artists have forgotten too much to imitate nature. Moreover, those who wish to make a study of the natural language are invited to study first the primitive powers, then the language by which their activity is indicated; next the modifications; and lastly, the combinations of the powers as well as the expression of the individual powers.

REVIEW.

Elements of Operative Midwifery, comprising a Description of certain new and improved Powers for assisting difficult and dangerous Labours; illustrated by Plates, with Cautionary Strictures on the improper use of Instruments. By DAVID D. DAVIS, M. D. Member of the Royal Colleges of Physicians of London and Edinburgh, and Lecturer on Midwifery. 4to. pp. 345. London, 1825. Hurst, Robinson, and Co. and S. Highley.

THE ancient physicians, it would appear from CELSUS,* knew but little of operative midwifery, and were consulted for the most part, only, when the loss of the child was certain, and the recovery of the parent doubtful; and as such cases probably occurred but seldom, the imperfection of their knowledge is not to be wondered at, since they necessarily wanted experience, and the *tact* acquired by practice, by which alone the art could have been well understood, successfully practised, or materially improved. During the dark ages which succeeded to the downfall of the Roman empire but little was done towards the improvement of midwifery; and until the middle of the seventeenth century, when male practitioners of the obstetric art first came into vogue in ordinary cases, no decided addition had probably been made to the knowledge of the ancients.—"It is pretty generally known," says Dr. Davis, "that the Duchess de la Viliere, a favourite mistress of Louis the Fourteenth of France, was the first female who was induced to place herself under the exclusive obstetric care of a professor of surgery, independent of any anticipated necessity for a surgical operation. That event took place in December 1663; and Julian Clement, the fortunate attendant upon the case, was soon after appointed to the new and lucrative office of Midwifer to the Princesses of France." Clement advanced the practice of midwifery, but introduced no improvements into

* Lib. vii. Cap. xxix. This author speaks only "of the method of extracting a *dead* fœtus," and apparently knew no instrument but the crotchet. HIPPOCRATES and GALEN were equally uninformed.

the instrumental part of the art; nor "were any accessions of this kind made to it for near half a century after his time." Improvements, however, beginning to multiply, a prodigious clamour was raised by the female practitioners, who accused the surgeons (and probably with justice) of an undue attachment to the use of instruments; indeed the clamour to the present day has not wholly subsided. The forceps and vectis, being employed unnecessarily, were afterwards disregarded where they were indicated, like some of the contrivances and remedies of our own day, which, being overrated at first, are sooner or later entirely abandoned. No doubt labour is a natural and not a morbid process—that the resources of unassisted nature "are generally sufficient, and that the interference of art (in ninety-nine cases of a hundred) is at best but auxiliary and trifling; still as anomalous cases, and cases of difficulty and danger, may and do occur, it is certainly incumbent on those who may practise this branch of the profession, to capacitate themselves for acting with promptitude in *every* case to which they may be called, without trusting to the chances (which undoubtedly are much in their favour) of having little to do. Thus, although a fatal issue may not always be inevitable, yet it will seldom occur, and if it do, a consciousness of having done the utmost for the patient will be the best and only solid satisfaction the practitioner can have. Having premised these few observations, we are sorry to remark, that Dr. DAVIS, in his extreme zeal for the advancement of operative midwifery, has not always done justice to the labours of his predecessors and contemporaries. We shall pass over GIFFORD, DRINKWATER, and other minor artists, and proceed at once to our author's remarks on the late Dr. WILLIAM HUNTER; and although we will concede that his works "still retain some splendour beyond that which genius has bestowed,"* we cannot agree with Dr. DAVIS, that he did not in a very material degree improve both the art and practice of midwifery, or that his dislike to instruments, in some cases, allowed him to disregard or doubt their powers in others. Speaking of Dr. HUNTER, our author says:—

"By a concurrence of several fortunate circumstances he soon succeeded to the practice of Sir RICHARD MANNINGHAM and Dr. SANDYS, without the drudgery usually attendant upon what is called establishing a practice, and therefore, presumably, without having been compelled to make himself master of the great difficulties of the art. Not to insist, however, on the value of this inference, it is a well-known fact, that he never made a single accession to its *mechanical* resources. (This seems to have been the doctor's heresy.) It may be worthy of remark, that it was a part of the character of Dr. HUNTER's mind to admire, even to devotion, the resources of unassisted nature, and to look with extreme jealousy and distrust upon all interferences of art, as auxiliary to natural functions. For these reasons, and others perhaps more especially connected with the state of midwifery at his time, and having reference more especially to its then misfortunes, imperfections, and competitions; he was not many years in the practice of

* Johnson's life of Rochester.

it before he became the leader of a powerful party of obstetric alarmists, who, by glowing representations of the sufficiency of nature in almost all cases whatever, and heavily charged descriptions of the abuses and dangers of instruments, embodied a prodigious influence against the pretensions of operative midwifery in general;—an influence, indeed, which not only had the effect of repressing much of the ignorant daring of the period to which it was intended to apply; but which has continued to operate, more or less actively, ever since; and, upon the whole, to the extreme prejudice, I might add, to the almost entire suspension of improvement in this department of the art."—pp. 7, 8.

We do not think the passage here cited requires any serious refutation for if, as our author tells us, Dr. HUNTER's practice "had the effect of repressing *much of the ignorant daring* of the period," it was certainly so far beneficial; and how are we to know that the disuse of instruments which has succeeded (instead of being owing to any practice of Dr. HUNTER) is not to be attributed to the reaction which such "ignorant daring of the period" referred to might naturally be expected to produce? To us the latter appears by far the more probable origin of the evil (if it really be an evil) of which the Doctor complains.

"Since the time of SMELLIE," our author tells us, "operative midwifery has not been cultivated by any person, either in this country or abroad, possessing even a moderate share of talent for practical mechanics." The profession, generally, have wanted opportunities, and of those "who have been attached to our more extensive obstetric institutions, some may have neglected it from simple preference for other studies, of perhaps equal importance to the art, without intending to disparage its value; whilst others, there is reason to fear, from a false estimate of its utility, immutable, possibly, to early prejudices, have treated it with blameable indifference, and, occasionally, I believe, with loose levity and reprobation. Now, the natural function of parturition either does or does not, in any circumstances whatever, require the aid of instruments for its safe or even possible performance. If it does not, then, in the name of all that is consistent in conduct, and for the sake of our common humanity, why does not some ascendant genius, some fond disciple of HUNTER's wary school, shake off an unworthy lethargy in so sacred a cause, and advance boldly to prove and proclaim the truth of so delightful a doctrine? But if, on the other hand, it is an incontrovertible fact that instruments are sometimes of great use in the practice of midwifery; nay, that they are sometimes indispensably necessary to save life; then, indeed, must it inevitably follow, that the business of this department of the art is (should be) at least as much the object of study and improvement as that of any other; and that to attempt to involve its very serious duties in discredit, or to connect with them the imputation of an inferior degree of importance, can only be deemed worthy of great ignorance or extravagant conceit—the sources, in fact, from which such conduct has invariably proceeded. If any such practice be chargeable upon persons professing to teach the art, it should be considered as a strong presumption of their incompetency to make good their pretensions. Without insisting, however, on any assumption of this kind, I may venture to assert, that teachers of midwifery have not usually paid what *I consider* (it is on this that the entire argument turns) sufficient attention to instruct their pupils in the particular branch of their business (operative midwifery) which it is the special object of the following sheets to illustrate," pp. 8, 9.

That great abuses exist at our Metropolitan Hospitals no one will be hardy enough to deny; and it is more than probable, that some, at least, of the "obstetric institutions" in question have, like the former, their pre-

sliding-gentil, fiddle-faddling spirits and cotemporaries, *at least*, of the great Joe Burns. Teachers of midwifery there may be, too, of "great ignorance and extravagant conceit," and unable to make "good their pretensions." All this may be true enough, but Dr. Davis will excuse us for thinking that practitioners and lecturers, *generally*, have not shown much disinclination to the use of instruments; or, at any rate, that they can hardly be charged with "blameable indifference," or with having treated the subject of operative midwifery "with loose levity and reprobation." It is perfectly natural that our author (who has perhaps paid more attention to the subject than any other teacher in this metropolis) should view with symptoms of distrust the practice of those who have not made the same progress, or who have not cultivated the art with his ardor, and with his or equal zeal for its improvement. It is perfectly natural, we say, that Dr. Davis, or any other practitioner who may have a particular *hobby*, should vote every nag a bad roadster that cannot amble and prance with equal grace, or trot and gallop quite as fast as his own. There is nothing wonderful in this; it is quite *professional* and of every day occurrence. "The function of parturition," says our author, "either does or does not in any circumstance whatever require the aid of instruments for its safe or even possible performance," and from this proposition sets up an argument, when in reality no argument is necessary, or, indeed, is capable of being maintained; since all are agreed that instruments are sometimes required, and "that the business of this department of the art is at *least* of as much importance as that of any other." This, as far as we know any thing of the subject, is the general feeling. Some *senior* surgeons might hold it to be an axiom never to operate for hernia but on the dying or the dead, but the profession in general will not be bound by their *dicta* nor influenced by their bad example.

Having disposed of the lecturers and practitioners at obstetric institutions, our author comes next to hospital pupils, and the want of encouragement given to the art by the "learned professional colleges or corporations of England;" and those of London and Edinburgh, it seems, in this respect are equally negligent. But, suppose any of these "*learned*" bodies—the College of Surgeons, for instance—should patronize *his* art, does Dr. Davis suppose it would flourish under a dynasty that withers every spark of genius, and nips in the bud all efforts of enthusiasm or desire of improvement in their own? It cannot be. The progress of a science or an art may be retarded by such patronage, but it never can be accelerated. Injury is certain, but improvement is out of the question. Let the College of despots in Lincoln's Inn Fields be consecrated to the "*Bona Dea*," let the president for the time being be her priestess, and the examiners turn *sage-femmes* to all the parturient ladies in town; and under the management of such dexterous old women, we have no doubt the obstetric *art* will soon sink to a menial occupation.

"I am informed," says our author, "that of late years it has become a very common practice with a certain class, even of students, whilst engaged in *walking* (running) the hospitals, to speak of midwifery as a very subordinate object of attention, and of the knowledge of its few and simple duties, as being easily attainable by private reading, and therefore not worth the time and very moderate expence bestowed on the acquisition of it by some of their better informed fellow-pupils."—p. 10.

Certainly, if such be the practice, it is highly to be reprobated, for no one should engage in the practice of an art which he has not taken the trouble to learn; but we are disposed to consider, that of those who intend to practise midwifery, by far the greater proportion do attend lectures on the subject, and that they are competently instructed in the use of instruments. The indignation of Dr. DAVIS on this point knows no bounds, and as he conceives that ignorant masters, when "foisting their last and farewell instructions on their pupils, are accustomed to tell them 'not to put themselves to much inconvenience as to attendance on midwifery lectures,' &c." breaks out into the following heroic strain of declamation, which, being very pretty withal, we shall transcribe entire.

"In accounting for a conduct so preposterous on the part of these veterans (for I am not willing to impute it to any considerable number of the *young* general practitioners of the kingdom,) we are bound to presume that they must themselves be miserably incompetent to encounter the greater difficulties of the art—often too ignorant to recognise some of the difficulties here supposed, and therefore, probably, wholesale dealers in one or two of the more capital and fatal observations of midwifery. Such men, however, are many of your reputed clever fellows, the loudly lauded darlings of their districts, experienced masters of many arts, persons renowned for quick decisions, solitary and self-alone consulting operators, cool and steady-handed drivers of pointed steel into living fœtal skulls. New and simple duties! What difficulties, indeed, could be anticipated as likely to arise in the routine of ordinary practice, of sufficient magnitude to resist the power of such ruthless operators? Dead children, like dead men, can tell no tales; and, at any event, still births are occasional and unavoidable occurrences in the practice of the most consummate professors of the art. Nevertheless let the wretchedly-taught pupils of such instructors be persuaded, at least, to take the opinion of better informed advisers as to the essential value of obstetric studies."—p. 11.

Safe instruments and good operators, according to our author, are equally wanting, and Dr. RAMSBOTHAM has expressed an opinion to the same effect; and when we see the state of surgery, and what sort of operators some of our hospital surgeons are, we do not much wonder that the obstetric art should also number with its professors a certain proportion of *imbeciles*. It cannot be prevented, for, God knows, the public are not able to distinguish between right and wrong in matters which most of all concern them.

The following observations are a sort of summary of our author's opinions on the subject of the neglect which, by his account, operative midwifery has received:—

"The truth is, and it should not be concealed by side-wind compliments, that the entire subject of operative midwifery has been in a state of the most abject neglect for the last fifty years. By this I do not mean to assert, that instruments of one kind or

another have not been employed with sufficient frequency, nor that in many instances they have not been employed unnecessarily during that period; God knows the reverse is my firm conviction. What, on the contrary, I do mean to assert is, that this essential department of obstetrics has been shamefully undervalued as a study, and its practice, as might be expected from a general incompetence, for its studies has been the subject of all sorts of abuses. *I may be mistaken*, but it is really my opinion, that not one practitioner in fifty, during the last fifty years, has possessed a competent elementary knowledge of the use of obstetric instruments, upon first engaging in the practice of his profession; and how could it be otherwise, when the proper mechanics of the art have never been made the subject of adequate instruction in our schools? Whatever number, therefore of skilful operators we have in the profession (I believe it is respectable, and daily increasing) they have made out and established their claim to that merit by dint of ulterior private studies, aided by an assiduous cultivation of such opportunities as they may have severally possessed, for applying the results of their self-acquired attainments to actual practice."—p. 17.

In justice to our author, we must find room for another extract, from the general remarks at the opening of the volume.

"Before I conclude this introductory section," says he, "I must not omit the performance of an act of strict justice to my own professional character—that of guarding myself against the imputation of a fondness for the use of instruments in the ordinary practice of midwifery; which might not unnaturally be inferred, from the considerable attention which it will be presumed I must have paid to the subject. I have to request my readers to suspend their opinion on this point, until they shall have perused attentively the whole of my dissertation. I believe there is no gentleman in the profession *really competent to use obstetric instruments*, with perfect safety and success, who is less disposed to have recourse to such powers inexpediently or unnecessarily than myself," &c.—pp. 15, 16.

A taste for practical mechanics has enabled the author to create for himself and his pupils certain automata, or "artificial subjects, both maternal and fœtal; and he is "not ashamed to acknowledge, that he is principally indebted to these opportunities for whatever skill he may possess in the use of obstetric instruments on the living subject, upon which also his practice for several years has been extensive. The late Dr. CLOUGH, of Berners-street, and other teachers of midwifery, have possessed some such mechanical contrivances, but whether the author has rendered them more perfect, or invented others, we are unable to say.

It is rather difficult to furnish any adequate analysis of the remainder of the work, as the instruments, and methods of employing them, can only be understood by a reference to the plates (twenty in number) by which it is illustrated. We shall endeavour, however, (and as briefly as possible,) to give our readers some idea of our author's instruments, and first of his "common forceps."

"The length of this entire instrument is between eleven inches and a half and twelve inches and a half, English measure; the difference to depend upon the discretion of the professor as to the length of the handles; the length of the blades, from the commencement of their separation at their shanks, (that is, supposing the forceps, when locked, to represent an ellipse, its long diameter,) is about 6½ inches, or 6¾ inches, (and the short diameter 2½ inches); the length of their shanks, from the commencement of their sepa-

ration to their point of crossing each other at the lock, is one inch and three-eighths; and the length of the handles, including the lock, is about four inches and a half; something more or less, at the owner's discretion."—pp. 37, 38.

The width given to the fenestræ is one inch and a half, at their widest part, "without which," says the author, "they will not be competent to receive any useful portion of the fœtal head, notwithstanding the assertions so invariably made by authors to the contrary. Not only are the blades of this instrument broad and fenestrated, like HAIGHTON's, but they are much more hollowed out interiorly than those of any other forceps that I have seen, so as to be adapted to lie in close contact to every part of the child's head to which they are applied, and to admit of the reception and firm purchase of extensive portions of its lateral parietes."

Dr. DAVIS objects to the locality of the locking of the small English forceps, which, when they are used, "takes place immediately at the outlet of the vagina, where the important structure there situated, being more or less disturbed and distended by the movements of the instrument, is much exposed to contusion and entanglement during either a careless or a difficult adjustment of the lock." This inconvenience is obviated in the construction of his forceps, by adding to the length of the shank of the common forceps about an inch and three-eighths. The right-handed blade, viz. the blade which is made to correspond with the right side of the pelvis when introduced, is made flexible at its shank by means of a joint, which, as far as we can see of the matter, is as much in the way as the locking of the common English forceps, to which, we think, Dr. DAVIS has very properly objected.

The author next treats of "forceps with blades of unequal breadth," and again, "with blades of unequal length," of which he has two modifications, and for which we must refer to the plate.

Of the circumstances indicating the use of the Forceps.

"1. The first and most important indication for the use of obstetric instruments of any kind is a positive and well-ascertained insufficiency of the natural powers to accomplish the act of parturition with safety to the lives and structures implicated in the process.

2. The use of the modern forceps presumes, also, upon a sufficiency of space within the pelvis to admit, with its assistance, an eventually living birth.

3. But even then, the forceps can only be used with propriety when its application is upon the whole judged preferable to all other modes of delivery.

4. Cases of head presentations are generally considered in this country, and I think justly, as the exclusive objects of treatment by this class of instruments.

5. Inasmuch as the forceps cannot be used without exposing the mother to some degree of inconvenience, if not of positive injury of structure, it should never be employed for delivering dead children."—pp. 44, 45.

The author next proceeds to treat fully of the various indications for the use of instruments, and cites many cases to show the correctness of his practice. These subjects are discussed under no less than thirty heads, and as it is impossible to give an abstract of them in our present number, we shall resume their consideration in our next.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

REVUE MEDICALE—MAY.

On the Structure of the Nerves.

THE anatomical structure of the nerves was unknown to the ancients. PRAXAGORAS, the first who distinguished them from the tendons and ligaments, placed their origin at the termination of the arteries, and from that circumstance they were supposed to be the canals which circulated the animal spirits. HIERNOPHILUS divided the nerves into such as had a *sensitive*, and such as had a *moving* power; the first set he deemed to be solid, acting by vibration; the second he considered hollow, and containing a fluid, which was the cause of motion. REID, to whom we are indebted for almost all that we know of the structure of the nerves, demonstrated that each nerve consisted of two distinct parts, the mucilema and the pulp, and he pointed out the manner by which they might be distinguished. By washing the nerve in diluted nitric acid, the mucilema was destroyed, whilst the numerous medullary filaments, with their numerous intersections, remained. BICHAT, who traced these filaments for a considerable length, found that numerous anastomoses existed between them, and that those fibres, which at the commencement of the course of a nerve were uppermost, became gradually the central, and afterwards the inferior fibres. By plunging the nerve into an alkaline solution, the pulp becomes destroyed, and the membranous covering alone remains, being distended with air, and then dried. The nerve appears to be made up of numerous little canals crossing and anastomosing with each other, and having, according to BECLARD, somewhat of the look of the interior of a reed. Here then finished all that was known of the absolute anatomical structure of the nerves; it was clearly shown that each nerve possessed an enveloping cellular tissue, and a pulp, or medullary fibre. It is not necessary here to relate all the conjectural notions which have, from one time to the other, been propagated respecting the more intimate structure of the nervous system.

The unsatisfactory hypotheses which prevailed induced M. BROGOS to institute a train of experiments, by which he has ascertained that there exists in the nerves, besides the mucilema and pulp, a *central canal*. By the aid of some very fine tubes, such as are employed to inject the lymphatics with mercury, he has succeeded in injecting the nerves with the same metal. Several nerves were exposed in living animals, and in animals recently killed, and when divided transversely, the point of a very fine tube was introduced into its centre, and the mercury allowed gradually to insinuate itself into the substance of the nerve. It was found, that in several places a little column of mercury could be traced through the centre of the nervous filament, extending through the substance of the ganglia, and making its appearance again in the nerves on the opposite side of the ganglionic structure.

The inferior cervical ganglion was injected, and the mercury was afterwards traced to the cardiac plexuses. Some of the branches of the great sympathetic were filled with mercury, which found its way to the semilunar plexus, and to the branches proceeding from them. The preparations, accompanied with detailed accounts of the several experiments, have been presented to the Academy of Sciences, and CUVIER, DUPUYTREN, and others, are to make a report thereon.

Imperforate Anus.

A curious case of this congenital deformity was related by one of the members to the Academy of Medicine. The patient lived six months, during which time no faces were passed from the bowels, and on examination after death, it was found that the intestine terminated at *five inches above the anus*. The cœcum and colon were enormously distended, as might be expected; the mucous membrane lining them was strongly injected, and almost of a rose colour.

This case shows how impossible it is to succeed in all cases, by operation, in remedying this defect of conformation.

ITALIAN JOURNALS.

Report of Diseases occurring in the Clinical Wards of Professor CHIESA, *at St. John's Hospital, Turin.*

The greater part of this report is occupied with an enumeration of the prevailing diseases observed in the wards during the scholastic year, and many other observations and relations equally uninteresting. We observe that Professor CHIESA has chosen a novel mode of using the croton oil, which may prove useful in cases in which the stomach is very irritable. I have many times observed, says he, the good effect of using *croton oil* in the form of liniment, mixed with axunge, or olive oil. Two or three drops of the oil, mixed with either of the substances I have just mentioned, and rubbed over the abdomen, have succeeded perfectly well in procuring copious alvine evacuations. In the case of a joiner who had been subject to epileptic fits for some years, and who was afterwards attacked by apoplexy, one drop of the croton oil was given in a solution of gum; many copious purgations were procured; the pain in the head was relieved, and since that period the epileptic attacks have not returned.

In two females, who had been for a long time affected with amenorrhœa, the employment of ammonia, as an injection in warm milk, was successful in procuring a return of the menstrual discharge, and gave rise to a leucorrhœa; in the second it produced a sensation of heat in the vagina, but did not restore the natural uterine secretion.

A case of Paraplegia cured by Galvanism.

A man, 50 years of age, of a strong constitution and sanguineous temperament, was seized with an acute pain in his head, accompanied by inflammatory symptoms, which were relieved by copious bloodlettings. In about six months after the subsidence of this attack, the inferior extremities became excessively feeble, and ultimately completely paralytic, so that he could not exercise the least control over the limbs. The most rigorous examination could not discover a satisfactory cause for the appearance of such phenomena; all the vital functions were performed in the most natural way. The patient having employed the arnica, the digitalis, and the most powerful diuretics, as well as the nux vomica, without any relief, had recourse to the agency of galvanism. The galvanic battery employed consisted of about thirty plates, the conductors from which were attached the one to the hand, and the other to the foot. The action of this battery was too great, and produced headache, thirst, and a degree of anxiety, so that it was necessary to use one composed only of twenty plates. From this battery the patient received thirty shocks, and after the twelfth sitting, the patient began to regain the motion of the paralysed limbs; on the fourteenth day he could walk without his stick, and on the seventeenth all paralytic sensations had completely subsided.—*Repertorio Medico-Chirurgico di Torino.*

New Theory of Generation.

Professor ROLANDO has recently made several experiments to determine, if possible, the changes which take place in the vascular system previous to, and during the process of, conception. From these experiments he has deduced the following inferences:—

1st. That before fecundation takes place, there exists in the ovary a tissue of capillary vessels, that is to say, a vascular and spongy disc, which is the rudiment of the whole vascular system of the fœtus.

2d. That the act of fecundation gives vigour to a substance which, becoming organized, forms the future nervous system.

3d. That on the action of this system depends that first transformation, by means of which a little vessel changes into the left auricle and ventricle, and which afterwards acts visibly on the new organization, and

which builds up the structure of the new animal.

4th. That the right auricle and ventricle are formed in the same manner.

5th. That by an increase of action in these very small vessels, they become gradually changed into considerable arterial and venous trunks.

6th. That the *sacculus vitellarius* of HALLER, ought to be considered as a rudiment of the alimentary canal and its appendices.

7th. That a simple vesicle gives rise to the common integuments, as well as to the membrane of the amnios.

8th, and lastly, The Professor fancies that he has not only clearly made out all the doctrines here stated as inferences, but he considers that this view of the process of generation is fully adequate to account for the production of monstrosities, which, according to the Professor, are to be traced to some irregular distribution of the vessels in the ovary, or to some imperfect arrangement of the rudimental nervous system before mentioned. We confess that, however ingenious these doctrines may appear, that they throw no new light on the process of generation. Professor ROLANDO has left the matter just where he found it.—*Dis. Period. di Medicina.*

ROYAL INSTITUTE OF FRANCE.

Operation for the Cure of the Artificial Anus.

Hernia is a complaint of frequent occurrence in France, of much more frequent occurrence than in this country, and therefore we need not be at a loss to account for the more frequent production of that disgusting and miserable accident an artificial anus. M. DUPUYTREN, first surgeon of the Hotel Dieu, has recently introduced a mode of operating to remedy this deformity, which has been attended with very great success. In a paper which M. Dupuytren lately read to the Institute, he stated, that of forty-one patients who had come under his observation twenty-nine were radically cured of this loathsome deformity; nine have been so far relieved that only a small fistulous orifice remained, which allowed of being closed artificially by a compressive bandage, without giving much trouble or pain. Of the whole number only three died. The operation is performed by an instrument, which he terms *enterotome*, the structure of which is not sufficiently explained, but from the account which is given of it in the report, it appears to embrace a portion of the intestine, and causes it to slough by the pressure which it occasions. We shall notice this operation more fully when a more detailed account shall appear respecting it.—*Revue Medicale, May.*

On the use of Chicken Seed in Purulent Ophthalmia.

The ophthalmia, which had prevailed epidemically from the year 1816 among the troops in the garrison of Brussels, was, at the close of 1821, observed to exist in only one individual. In the month of June 1822, the epidemic appeared with fresh violence, and the cases were very severe from the commencement. The symptoms at the origin and progress of the complaint were such as are usually observed in severe cases of purulent ophthalmia, and therefore need not to be described here, the principal object being to shew the efficacy of the *chicken seed*, a remedy long celebrated among the Egyptians.

1. Fourteen patients, with simple inflammation of the conjunctiva, were perfectly cured, from the third to the eighth day from the appearance of the complaint.

2. Four cases, in which chemosis existed from the commencement, were perfectly cured between the fourteenth and twentieth day.

3. Nine patients, in whom the inflammation had become chronic, and who had in vain tried several other local applications without effect, recovered under the employment of this remedy from the tenth to the twentieth day.

4. Two persons, with inflammation of the sclerotic, who had tried mercurial frictions and spare diet without any benefit, were cured in eight days by employing the chicken seed.

5. Only in one case did any symptoms of irritation follow the use of this seed.

6. In every case, with the exception of the last, the conjunctiva soon recovered its natural appearance; the discharge of pus and mucus gradually disappeared without leaving any visible alteration in the structure of the membrane.

The seed was used in two methods; in the first, it was reduced to a very fine powder, with some white sugar, of which a grain was introduced between the lids every night. In the second form of using it, sixteen grains were made into a sort of emulsion, with four ounces of water, ten drops of which were put into the affected eye night and morning. Dr. HANBURY is inclined to give the preference to the first mode, and, contrary to what might be expected, he asserts that the powder was used in the fourteen cases of simple inflammation of the conjunctiva, and in the four patients with chemosis, with the most complete success, and that the emulsion answered best in the chronic cases, as well as in the cases of inflammation of the sclerotic.

The antiphlogistic treatment was adhered to in the treatment of all these cases, and the only topical application used was a little cold water.—*Graefe's and Walther's Journal der Chirurgerie.*

ST. GEORGE'S HOSPITAL.

INQUEST.—A very important inquiry took place yesterday, at the Triumphant Chariot Public-house, Pembroke-mews, Grosvenor-place, before Mr. Higgs, the Coroner for Westminster, concerning the death of John Hammond, who died in St. George's Hospital, and whose death was attributed partly to improper surgical treatment, and partly to neglect. The Jury assembled early in the afternoon, and, after hearing several witnesses, they adjourned the inquiry till nine o'clock last night, for the purpose of hearing further evidence. The deceased was servant to Mr. Bailey, of Old Brompton; he was a fine healthy man, only twenty-one years of age. On the 15th of June he was in the garden, and accidentally slipping down, fell upon some rubbish, and the side of his right knee was cut with a broken glass bottle. He was taken to a surgeon, who recommended his removal to an hospital. He was instantly conveyed to St. George's Hospital, and there the wound was dressed by Mr. PITMAN, the house surgeon, and a bandage was put round his knee. Mr. PITMAN stated, that an artery was cut, and he took it up previous to his putting on the bandage, and that he applied leeches to the knee; but upon a strict examination by the Jury, he admitted that he had made a mistake, for no leeches were applied. By other evidence it appeared, that on Thursday, the 16th of June, the day after the young man entered the Hospital, he complained of most excruciating pain in his knee, arising from inflammation. The bandage was very tight, and the flesh above and below it much swollen. Notwithstanding his complaint, the bandage was not removed, till the Saturday following, and then it was done at his very urgent request. The moment the bandage was removed, he stated that he experienced immediate relief. It was then found, that though the external wound had closed and healed, matter had formed and burrowed underneath; and, in a short time, the discharge was so great as to reduce his system, and to make his case hopeless. It also appeared that there was a want of attention on the part of the nurses in the Hospital, excepting a night nurse, who was very kind to the deceased; that his face was not washed, nor his linen or bed-clothes changed for the five weeks that he lay ill. It further appeared, that a short time before he died, an old man, a fellow patient, had died in the next bed, and that as soon as the corpse was carried away, the young man was removed to the same bed, or placed between the same sheets, in which he also expired. One of the witnesses said, that the deceased complained of want of food, that he had nothing to eat on one particular day, from nine o'clock in the morning till four o'clock in the afternoon, and owing to his not being cleaned, he was so offensive that the witness could not remain in the place.

Mr. JEFFREYS, surgeon, whose duty it was to attend the deceased, said, he saw the young man on the Thursday, the day after he entered the Hospital. His knee was then bandaged; witness did not examine the wound; he saw it was properly bandaged; he saw the knee on the Sunday following.

Juror: The bandage was on the knee from the time the deceased entered the Hospital, on the Wednesday, till the Saturday following, and I ask you, if, in your opinion, that was not improper treatment?

Mr. PITMAN: No, that is my mode of treatment.

Juror: That may be *your* mode; but the question is, was that a *proper* mode of treatment?

Mr. PITMAN: I say it was a proper mode of treatment, and bandaging the leg did not produce the swelling and pain.

Several witnesses who had visited the deceased in the Hospital were examined, and Mr. JEFFREYS was examined by the Jury as follows:—

Juror: It appears that the deceased complained of great pain on the day after the bandage was put round his knee; in your opinion ought not the bandage to have been taken off, and leeches, or a lotion, or a fomentation have been applied?

Witness: The wound caused the swelling, and not the bandage.

Juror: I am of opinion that, owing to the surgeon's neglecting this young man, and not taking off the bandage in proper time, the wound healed up, and produced that mischief which terminated in his death.

Coroner: You must form your opinion from the evidence of the medical men. Did the bandaging the knee cause the death of the deceased?

Witness: It did not, in any way, produce that event.

Juror: Suppose there were bits of glass remaining in the wound, ought it not to have been kept open, and not bandaged up for four or five days and nights, without any one examining it? I am of opinion, that when this unfortunate young man complained day after day of pain, which was caused by inflammation, that some medical man belonging to the establishment ought to have given himself the trouble to have examined the wound, I think there was gross neglect manifested by the Surgeons of the Hospital.

Mr. BAILEY, the master of the deceased, a gentleman of great respectability, said that he was disgusted with the treatment that his servant and other patients received in the Hospital. He understood the regulations at other public hospitals were very different.

The Coroner observed, that he had heard so before, and was sorry for it, because he knew the Directors of the Institution would not permit it if they were acquainted with it.

Juror: Then such mismanagement and improper surgical treatment ought to be made public.

Juror: I give my opinion that this young man died by gross neglect and improper surgical treatment.

Coroner: I do not think you would be justified in giving such an opinion. I do not think the law protects a Juror in giving an opinion of the kind; it may be a libel.

Foreman: I have written on paper my verdict, and I, notwithstanding what has been said, am of opinion the death of the young man was caused by improper treatment.

Coroner: If that be the opinion of the Jury, we ought to inquire if the improper treatment was wilful, and therefore culpable; but you should deliberate before you decide on such a verdict.

Juror: I am of opinion we ought to have two impartial surgeons brought before us, and examined, touching the death of the deceased; I think that persons who are not connected with St. George's Hospital will not state upon their oaths that he received proper treatment.

Coroner: I do not think you could get surgeons to swear in contradiction to the evidence of the Hospital Surgeons; they would not fly in the face of that Institution.

Juror: I have no doubt there are surgeons who would swear conscien-

tiously, and I do not think that any surgeon who is not connected with the Hospital would swear that it was proper treatment to suffer a tight bandage to remain on a man's leg for four or five days and nights, while an inflammation was going on, without examining the wound.

The Coroner said, the surgeons had sworn that the treatment was proper, and the verdict ought not to be against evidence.

After some further discussion, the Jury returned the following verdict:

The deceased received a cut in the knee by accident, and from the effects of IMPROPER SURGICAL TREATMENT AND NEGLECT HIS DEATH WAS PRODUCED.

The Verdict being returned, a Juror observed, that the cut was only two inches long, and that he did not believe any artery was cut in the knee of the deceased, as had been stated by Mr. PITMAN, the surgeon.

Mr. BAILEY, the master of the deceased, was of the same opinion, and said that the wound should be examined by a person competent to speak to the question.

We have taken the above account from the *Morning Chronicle* of Tuesday, and as the matter is still undergoing an investigation by the Governors of the Hospital, we shall defer our observations until next week. We will publish the report of the case from our correspondent, together with a description of the subsequent proceedings of the Hospital Committee.

We recommend Mr. JEFFREYS to resign; and cannot suffer the present opportunity to pass without offering to Mr. BAILEY our thanks for his humane and spirited exertions in bringing this disgraceful transaction before the eye of the public.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Fungoid Disease of the Arm.

Timothy Harridau, a middle-aged man, was admitted into the Hospital on January 19th, under the care of Mr. KEY, with disease of the arm, of which he gave the following history.—About fourteen years since, he perceived a swelling at the middle of the left fore-arm, for which he consulted Mr. T. BLIZARD, and it was considered by him to be aneurismal, for it appears that the brachial artery was tied. The patient states that after this operation the swelling disappeared; the arm got quite well, and he resumed his usual employments. About two years and a half ago, another swelling appeared at the same place as the former, and with this he came into Guy's Hospital as a patient of Sir A. COOPER.

Sir A. considered the disease to be fungoid, as it appears from the account of Mr. KEY, who also states that the tumour was dissected out clean from the muscles (the flexor carpi radialis and flexor digitorum sublimis). After this second operation the patient got well, and was dismissed from the Hospital in a short time.

A few weeks previous to his present admission, he perceived a small tumour projecting from the upper part of the cicatrix, and at the same time the arm swelled and became painful. It appears that Mr. KEY punctured this tumour (we do not know with what view) and a small quantity of bloody fluid issued from it.

At the time of our present report (July 15th), the arm presents the following appearances:—There is a fungoid tumour about the size of a pigeon's egg, situated in the middle of the fore-arm, about one-third of the way down; the integuments immediately around the tumour are red and shining; the glands in the axilla are enlarged, and, a few weeks after his admission, they suppurated, but the matter was of a healthy character, running down towards the tumour; below the outer condyle of the hume-

rus, an artery may be felt strongly pulsating, and there is also strong pulsation in the situation of the brachial artery, at the bend of the elbow. Upon breaking off a portion of the tumour, the remaining part bleeds freely; but although in this particular, and also in its disposition to shoot up after being destroyed, it resembles fungus hæmatodes, yet some of the essential characters of that disease are not present; the fungus does not consist of that brain-like matter, nor has the discharge that peculiar offensive smell which marks the true fungoid disease.

The principal treatment adopted since the patient has been in the Hospital, has been by means of pressure and caustic to keep down the morbid growth. We understand that Sir A. COOPER has recommended the artery at the bend of the elbow to be tied. *

Case of malignant Ulceration of the Scrotum, commonly called Chimney-sweepers' Cancer.

Daniel Nash, a chimney sweeper, aged 28, was admitted into the Hospital June 8, under the care of Mr. B. COOPER, with malignant ulceration of the scrotum and left groin. He stated that about three years since, he perceived a pimple at the lower part of the septum scroti, which soon became enlarged and hard like a wart; this, in the space of a few months, ulcerated, but the sore did not spread rapidly. It is now about the size of a half-crown, and has the following character: its edges are hard, irregular, and exceedingly tender; large flabby granulations may be seen arising from its internal surface; the sore is not deep, and the discharge is of a very offensive nature; there is very extensive ulceration of the same character in the left groin; the testicles are diminished in size, and have a pulpy feel, as if broken down and destroyed by the disease; there is no perceptible hardness to be traced along the spermatic cord of either side, but the right inguinal glands are much enlarged, and will probably go on to ulceration of the same malignant and destructive character as on the opposite side. * Mr. EARLE has stated that the perspiration of the whole body, in this disease, has a peculiar ammoniacal smell; this is not apparent in the present case. The constitution is evidently suffering from the ravages of this disease; the pulse is small and quick; he complains of excruciating pain, which prevents him from obtaining rest. The constitutional and local treatment, since his admission, have been as follows:

19th. *Blue pill*, 3 grains.
Extract of henbane, 5 grains, in a pill, to be taken every night.
Tincture of henbane, 20 drops.
Decoction of sarsaparilla, 2 oz., to be taken three times a day.

An ointment made with powdered opium and lard to be applied to the sore.

23d. Omit the former medicines.
Subcarbonate of iron, 1 scruple, to be taken three times a day.
Opium, 1 grain to be taken at bed time, and the *hemlock poultice* to be applied to the ulcers, (this poultice occasioned an increase of pain.)

30. Omit the powders.
Sulphate of quinine, 2 grains, to be made into a pill and taken three times a day.

Lint to be dipped in a watery solution of opium, and over this a black wash poultice to be applied. From these applications he has found much relief.

Aneurismal Varix.

At the suggestion of Sir A. COOPER, Mr. KEY lately attempted to cure a case of aneurismal varix, by means of pressure upon the brachial artery. The patient had been bled about six weeks previous to his admission, and the tumour at the bend of the arm was about the size of an egg, it had the "pulsating jarry motion" and hissing noise so peculiar to this species of

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* "It seems (says Dr. PARRY) as if a peculiar modification of increased momentum of blood, accompanied, and perhaps determined, that species of tumour called fungus hæmatodes."—(P. 181.)

* Vide Medico Chirurgical Transactions, Vol. XII.

swelling, (the patient had apparently been bled in the median basilic vein.)

A brass ring about two inches in breadth, in which was fixed a screw with a pad attached to it, was put on the upper arm, and the pad placed over the brachial artery and screwed as tightly down as the patient's feelings would permit of, but the application of the instrument occasioned so much swelling of the arm, and pain, that it was necessary to abandon its use; the principle in the application of this instrument is by means of pressure to effect an obliteration of the artery. Sir A. COOPER has succeeded, in two or three instances, in curing the swelling by means of pressure thus applied on the brachial artery.

Continuation of the case of Traumatic Tetanus, from p. 62, Vol. VIII.

Our last report of this case (July 12) was favourable; many of the symptoms certainly had yielded to the exhibition of the laudanum; the patient continued much the same (with little or no change in the symptoms until Saturday (16th), when he obstinately refused to take any more medicine.

Upon visiting him on Monday, he was obviously worse; there was not much general spasm, but all the muscles were very rigid; the difficulty of deglutition was increased, and the respiration was exceedingly anxious. Pulse very quick, but not deficient in strength. A blister was applied along the course of the spine, but he still refused to take any medicine. We learn that the violence of the symptoms increased much, and he died on the following day. His friends would not permit the body to be examined.

The operations performed this week were two of a trivial nature—the separation of adhesions which had formed between the lips and gums of a child, in consequence of the inflammation occasioned by the exhibition of mercury. This operation was performed by Mr. KEY; the other was by Mr. MORGAN, in a case of fistulous opening in the urethra, just anterior to the scrotum, and the result of urinary abscess; having passed a sound into the bladder, with a double-edged scalpel Mr. MORGAN cut out the integuments immediately around the opening, and then, by means of sutures, brought the edges of the wound together.

The only accidents of importance admitted this week are—an incised wound of the wrist, in which the radial artery was wounded; a severe scald, and an incised wound of the throat, occasioned by an attempt to commit suicide.

ST. THOMAS'S HOSPITAL.

Case of Strangulated Scrotal Hernia.

R. J. Savage, a stout muscular man, aged 50, was admitted into the Hospital under the care of Mr. TRAVERS, on Tuesday afternoon (July 26), about two o'clock, with strangulated scrotal hernia of the right side; he stated that he had been the subject of hernia upwards of twelve years, during which period he had constantly worn a truss, and that occasionally when he took off the truss, the hernia would come down, but he had never experienced any difficulty in returning it.

It came down on Tuesday morning about nine o'clock, when he was employed in some very laborious exercise; and finding he was unable to return it, he came to the hospital. We visited the patient about six o'clock, and learned the following particulars: some time after his admission, he was put into the warm bath and bled largely, which produced much faintness, and upon attempting the taxis, the tumour appeared to yield to the pressure; the taxis was continued for a long time without success; the patient was then put to bed, and a solution of tartar emetic given in the dose of half a grain every ten minutes, until much nausea was produced, and, whilst in this state, the taxis was again attempted by Mr. TRAVERS' dresser. The tumour was about the size of a goose's egg, and very firm; it had become very tender to the touch, and the integuments were considerably discoloured; there was not much tenderness of the abdomen. Pulse 100, and somewhat sharp.

The tumour had not descended very low into the scrotum, the under portion of it resting upon the upper part of the testicle. A messenger was now dispatched for Mr. TRAVERS, but as he was from home, about half past nine o'clock, Mr. GREEN came; he immediately decided upon the propriety of performing the operation, to which the patient readily consented.

Operation.

Mr. GREEN commenced the operation by making an incision, upwards of three inches in length (which was nearly the whole length of the tumour); the incision commenced about half way up the inguinal canal, and extended into the upper part of the scrotum; by this the integuments were divided, and the superficial fascia exposed; this was split into three or four layers, each of which was carefully divided, by introducing a director, and cutting upon it. It may be remarked here, that in this case, as in all old herniæ, (from the pressure of the truss,) the coverings were much thickened. At length the hernial sac being exposed, with a pair of forceps it was pinched up, and a small opening made into it; immediately a considerable quantity of dark coloured fluid gushed out, and the hernial sac being carefully slit up, the strangulated portion of intestine was exposed, which was dark coloured, but healthy. The next step in the operation was, to discover and divide the stricture; this was formed by the neck of the sac, at a short distance above the external abdominal ring; a director was passed up, and the stricture divided by means of a probe-pointed bistoury, and afterwards still more freely divided, by resting the bistoury upon the operator's finger; the intestine was then easily returned. The two abdominal rings (that is the external and internal) were nearly approximated, consequently the inguinal canal very much shortened. This generally happens in very old herniæ, from the pressure in wearing a truss. There was some peculiarity in the sac of this hernia. On the inside, about half way down, was a projecting membrane, which formed an imperfect septum, or division of the sac, into an upper and lower portion. It is probable this peculiarity would occasion an increased difficulty in the reduction of the hernia. The lips of the wound being carefully brought together by means of sutures, and strips of adhesive plaster, the patient was put to bed, and ordered to take *sulphate of magnesia*, 2 *drachms*, in mint water, every two hours, until the bowels should be well opened.

27th. The patient had a little sleep during the night. Pulse upwards of 90, with a degree of hardness; tongue covered with white fur; he does not complain of tenderness upon applying the hand to the abdomen, and he had a copious evacuation early this morning.

(*To be continued.*)

Case of Chronic Enlargement of the Testicles.

John Hicks, aged 34, was admitted into Henry's Ward July 14th, under the care of Mr. TYRRELL, with enlargement of both testicles, which he states to have existed upwards of three months, the testicles are much enlarged, and they have a scirrhous hardness, but are not very tender upon pressure, the epidydimis cannot readily be distinguished from the body of the testicle, it has the same hardness, and is much enlarged, the patient complains of much pain in the loins, he says that he has had syphilitic affections, but not immediately preceding the commencement of his present complaint. He was directed to keep his bed, the parts to be suspended, and an evaporating *lotion of muriate of ammonia* to be applied.

Calomel, four grains.

Opium, half a grain, in a pill to be taken night and morning.

19th. The calomel has affected the mouth, and much disturbed the bowels, he was directed to omit the pills of calomel and opium for the present, and to take *chalk mixture with laudanum*, for the purpose of checking the diarrhœa. The disease in the testicles has yielded to the influence of the mercury, the hardness and swelling are much diminished, both of the gland and of the epidydimis.

22d. Mouth still much affected by

the mercury. The disorder in the bowels is checked; let him take the pill of calomel and opium every night.

To be continued.

Case of Psoriasis Inveterata treated by Bleeding.

J. F. the subject of this disease, a middle aged man, of robust habit, came into the Hospital on 13th of June, under the care of Dr. ELLIOTSON. Large irregular scaly patches cover almost every part of the body, but more especially the arms; these patches, although irregular, are (in accordance with Willan's definition) perfectly distinct, and where the scales fall off the skin underneath appears red, and there are fissures or cracks in the skin at those parts. The patient stated that he had been labouring under this complaint nearly two years; and that whilst employed at harvest work, being very warm, and in a state of profuse perspiration, he drank freely of cold water, and this squamous disease almost immediately came on to a great extent, he had a few patches on different parts of the body, previous to drinking the water. About fifteen years since (when at sea) he was much afflicted with his present complaint; but he got quite well in the space of a few months. The patient complains of pain in the head, the spine feels very hot, and there is not the least moisture on any part of the surface; the pulse at the wrist is full. Dr. E. directed the patient *to be bled from the arm to the amount of* 20 oz., and *wine of colchicum, half a drachm*, to be taken three times a day, and to live upon milk diet.

25th. Let him be bled again to 12 oz., as the pain in the head and febrile symptoms continue.

July 10th. The disease is certainly benefited, there is not that intense heat of skin, and irritation, nor is the reproduction of scales so rapid, the dose of colchicum had been diminished to 20 minims, it acted slightly upon the bowels.

23d. The patient has been bled once since we last visited him, he is improving under this plan of treatment, being a man of full habit, and pulse continuing full. Dr. E. directed him again to be bled, and to continue the colchicum.

We shall continue the report of this case. Psoriasis Inveterata (as its name would imply) is a disease which does not readily yield to any kind of treatment. WILLIS strongly recommended bleeding and purgatives; but Dr. WILLAN says these means are "generally inadmissible." Fowler's solution has been given in some cases with great benefit, external applications seem to have very little effect. We may remark that where a predisposition to this disease exists, (for it is often hereditary,) that the application of cold to the body, when in a heated state, will often cause the sudden appearance of this complaint, and *vice versa*, the sudden application of cold will often repel this disease, there has been perhaps much needless refinement in the classification of diseases of the skin; the shades of distinction (for instance) between *lepra* and *psoriasis* are very minute, and equally unimportant as regards their treatment. We, by no means, would despise this accurate knowledge; but we fear (as in many other cases) "by snapping at the shadow we lose the substance," for it does not appear to us that *any* improvement has taken place in the mode of treatment.

The only operation performed this week, was in the case of strangulated hernia, which we have reported.

The accidents admitted this week are—a simple fracture of the tibia and fibula, ditto with lacerated wound of the leg; simple fracture of the femur, and a severe scald; a child was brought in, a few nights since, that had fallen from an immense height, the skull was dreadfully fractured, and it did not long survive the injury.

BARTHOLOMEW'S HOSPITAL.

Case of Ichthyosis, continued from p. 94.

July 13. Pulse 96; feels much relieved by the bleeding; skin moist; bowels relaxed; continues the saline medicine.

14. Complains of considerable debility, but is free from the late febrile

attack; in consequence of the means adopted to diminish its increased growth, the excrescence is now destroyed and brought level with the surrounding parts; cicatrization is commencing in different points.—The patient having now obtained the object for which she was admitted, intends, we believe, to leave the Hospital. We hope, however, Mr. LAWRENCE will not permit a case so curious, and rarely met with, to escape him. Why not try Dr. BATEMAN's plan of pitch made into pills with flour. He mentions a lady who took, for a considerable time, from three drachms to half an ounce daily, with the most salutary effect both on her skin and general health. If that fail, the arsenical solution, of which he speaks in very favourable terms.

Case of Fracture of the Cranium.

William Burgess, æt. 8, was admitted into the Hospital July 18, under the care of Mr. EARLE, with a triangular wound of the scalp and fracture of the left parietal bone, mid-distance between its superior and inferior posterior angles, occasioned by the fall of a tile from a house on his head. When admitted he appeared drowsy, his countenance expressing little consciousness; pupil small and contracted; he was sick, and vomited; his pulse 120, low and feeble, intermitting every sixth stroke. On the wound being examined, the fractured portion of bone could not be discovered, but the dura-mater, laid bare, was seen pulsating. The head was shaved, cold cloths applied, and a dose of calomel and jalap ordered.

July 19. Passed a very restless night; pulse 130; skin of its natural warmth; tongue white and moist; appears sensible and conscious, but complains of pain in the head; he was directed to be bled to seven ounces, and to take the saline effervescing mixture.

20. Pulse 100, more regular; skin and tongue much the same; pupil more dilated; bowels open; still complains of pain in the head. The pulsations of the brain may be very distinctly observed; ordered to have eight leeches applied to the temples, and a dose of calomel and jalap.

21. Passed a tolerably quiet night; pulse 100; tongue white and moist; bowels freely opened; to-day there is a discharge from the wound; the effervescing mixture to be continued.

22. Better; pain in the head diminished; pulse 90; tongue still white; bowels open; pupils contract naturally upon exposure to light; had eight leeches applied to the temples.

24. Slept well; pulse 90, and regular; bowels not having been open for two days had a dose of calomel; tongue cleaner; has now a good appetite, expressing great desire for food.—Mixture continued.

25. Pulse 90; had an excellent night.

A case in which a Bottle was thrust up the Rectum.

William Waldersham, æt. 38, was admitted Saturday, July 9th, having a four-ounce glass phial up his rectum. He appeared to be a man of very weak intellect. To the query of how the phial got into such a situation, he said, he had introduced it to remove some obstruction, which he fancied existed in the gut. On examination, Mr. WURNWALD, the House Surgeon, found the phial broken into pieces, several of which he removed. Mr. LAWRENCE, however, arriving accidentally, introduced his fingers into the gut, and succeeded in withdrawing the neck and shoulders of the bottle, which had been previously attempted without success. He was ordered a dose of castor oil, which opened his bowels freely. Subsequently he did not complain of any pain; there was no discharge from the rectum, nor any constitutional disturbance, and in a day or two he was discharged.

From the patient we learned, he had been in St. Thomas's Hospital for a week or ten days, under the *care* of Mr. TRAVERS; that during such stay, *no examination* had been made, either by that gentleman or his dressers, and that they contented themselves by trusting to the *powerful agency* of castor oil. On the part of Mr. TRAVERS, such neglect is not only shameful but unaccountable. And the Dressers! where were they? Are they too but "the shadows of their former

selves?" We cannot, however, believe that the Governors of St. Thomas's have disgraced themselves so far as to imitate the contemptibly ignorant and dishonest junta of St. Bartholomew's, in *meanly filching* from the dressers those privileges, the possession of which was attended, not only with such benefit to themselves, but to their unfortunate and now comparatively neglected patients. No dresser, however, attached to this Hospital, though he be "fallen from his high estate," would allow a fellow creature to be thus needlessly tortured.

The accidents this week have been—a man who had fallen from a scaffold; woman and child run over; injury to the head and loins; two burns; fractured ribs; fractured arm; two cases of fractured thighs; two of dislocated shoulder; fractured skull; bruised hip and loins; with several cut heads.

The operations performed this week were—the removal of a diseased breast; ulcerated nymphæ; and a finger; by Mr. LAWRENCE. Tapping congenital hydrocele of the chord, together with the radical cure of hydrocele, by Mr. VINCENT; and paracentesis abdominis, by Messrs. EARLE and STANLEY.

MIDDLESEX HOSPITAL.

On Saturday, 16th of July, a Special Meeting of Governors was held in the Board room of the Hospital, for the *professed* purpose "of taking into *consideration*" the proceedings of the Weekly Board of June 5th, which Board came to the resolution of suspending the Apothecary from his duties, under the *supposition* that he had (Oh! *nefas!*) given certain information to THE LANCET. A brief allusion was made to this affair in a former Number, and we *then* unequivocally denied any knowledge of the party accused; we *now* repeat that declaration, "*we are totally unacquainted with him, and have never received the slightest communication from him.*"

We have had occasion (more than once) to speak of the *component parts* of the Special and Weekly Boards of this Hospital; we had hoped that the Governors at large would, ere this, have taken a more active part in the affairs of this charity, and have redeemed it from the hands of a "designing few." If our appeal has been made in vain, we have the satisfaction of reflecting that we have discharged a duty we owed to the institution, by pointing out to its supporters the manifold evils and abuses which have overshadowed it, and which still threaten its destruction.

The proceedings which usually take place at the Special and Weekly Boards of this Hospital are either too insignificant or too ridiculous to be obtruded on the public attention; and it is only when these acts become positively injurious to the interests of the charity, and *grossly unjust (as in the present instance)*, that we feel disposed to notice them.

When we consider the *exposures* which it has been our duty to make, of the *surgical mal-practices* of this Institution, it is not surprising that the "galled jades should wince"—that the surgeons should writhe under the lash of censure, which certainly has been applied with no sparing hand, but, we protest, only applied with justice. We have long witnessed the anxiety of the surgeons to discover our *unerring* source of information; but we have effectually baffled—aye, and smiled at their futile en-

deavours. Indeed, it has been to us no small fund of amusement, when we have heard of the different individuals upon whom suspicion has been thrown.

From the anxiety of the *Senior Surgeon* to screen his wretched surgery, and from the *Junior Surgeon's* well-known sophistry and subterfuge, we were prepared for any measure, however grovelling, mean, or base; but we must confess that the manner in which the present *false accusation* has been "got up" and brought forward, has astonished us. It is, in common justice to the individual who has been thus accused and deeply injured by the vile arts of these men, that we once more drag them before the public.

The late House Surgeon was found to be *too honourable* to suit *their* views; they wished him to act the part of a spy, in order to detect the source from which we obtained our information. After he had refused this, their conduct towards him was such as induced him to resign, and his situation was filled by the present House Surgeon, *Tuson*; in him they found "a creature fit for dirty work," and he was (after having taken the oaths of allegiance) duly installed into the *honourable office of spy*. In a short time, his suspicions fell upon the Apothecary (a gentleman who had been lately elected to the situation), and, will it be credited, that so shameless, so heartless was this *Tuson*, that, under the mask of friendship, he sought to "lure his victim?"—Aye, even in the moments of hilarity, at the table of his friend (a place sacred even with savages), did this second Judas seek to betray. We know not whether he, *too*, has gained his reward of "thirty pieces," but of *this* we are persuaded, that he has put a foul stain upon his character, which will ever remain. He is one of those beings, with just head enough to contrive mischief, and yet not heart enough to feel for the consequences thereof.

We are thus indignant upon the subject, because we consider, that if the Board had been composed of men with truly honourable feelings, they would at once have scouted information obtained from such a "polluted source."

But to return to the subject—this *Tuson*, for the space of three months, was accumulating materials for his *employers*; and whilst the plot was thus maturing, previous to its denouement, it was carefully instilled into the minds of the Governors composing the Weekly Board, and a few others (who are led "*leviathan-like*"), that the report of cases in THE LANCET was "injurious to the reputation of the Hospital."

All things being thus matured, a Committee was moved for in order to investigate the manner in which information had been communicated to "certain publications." This Committee, consisting of five individuals, sat and received the *exparte* evidence of the chief accuser *Tuson*, and upon his evidence a report was founded, in which the Committee stated, that there were grounds for suspecting the *apothecary* of having furnished information to THE LANCET. This report

was presented to the Weekly Board, and the accused party being called before them, he denied the charge *in toto*, and requested that he might hear the evidence which had been adduced against him. In our capacity of Governors, we were present at this meeting, and thus we were enabled to collect the greater part of the evidence, which we shall now proceed with. The party accused had the liberty of cross-examining this chief witness, who, by his answers and evidence, completely *stultified* himself.

In answer to a question, as to what first led him to suspect the Apothecary to be the person who gave information to THE LANCET?

Tuson. "I *thought* it was the Apothecary. I did not know why in particular." (A laugh.)

Some of the members of the Committee having a written copy of *Tuson's* evidence, asked questions therefrom.

Why did you suspect the Apothecary of reporting the case of John Cullen, (chronic abscess of the brain,) in Lancet, Vol. VII. No. 1?

TUSON. "Because it was reported in THE LANCET that the abscess was situated posterior to the ventricle, which was only known to me and to the apothecary."

In cross-examination, he admitted that Dr. MACMICHAEL and several pupils were present, and that Mr. BELL, with several surgical pupils were also at the examination.*

TUSON. "The next case in which I suspected the Apothecary, was in a case of fractured ribs, reported in Lancet, Vol. VII. No. 3. I *thought* he must have given this case, *because* there was a correct account of the number of ribs fractured, *which could not be known to any one, except from the post mortem examination!!*"

He admitted that he could not swear whether the Apothecary saw this man more than once, although a daily report was given in THE LANCET; six persons were at the post mortem examination, all of whom knew the number of ribs fractured; acknowledged that he proposed to misrepresent the case, and in order to give THE LANCET a false statement, to say that "The ribs stuck in the aorta, and thus occasioned the patient's death!!"

Mr. RAWLINSON, addressing TUSON. "Then, Sir, we are to understand that you agreed to tell a *falsehood* to any pupil who might ask for information on this case?"

"Yes, Sir," said this unabashed *gentleman*.

"To whom did you communicate this false information?"

TUSON. (With great simplicity) "I told two or three people, but they said *they would not believe me.*" (A loud laugh.)

Some question was here asked about the dates of this case. The House Surgeon (at fault) referred to THE LANCET, but was checked by Mr BELL with, "*Oh! man, don't look in that for authority.*" In reply to which Mr. RAWLINSON asked Mr. BELL if he could furnish better!!

The next case adduced was that of M. Keate, reported in Lancet, Vol. VII. No. 5, a case of fractured sternum and ribs.

The House Surgeon *thought* the Apothecary had reported this case, for the same reason as in the last case, "That it was impossible to tell the number of ribs fractured, except from the post mortem examination;" at which he admitted five persons were present.

The cross-examination of this case also elicited some curious facts: it was admitted by TUSON, that he did not know of the sternum being fractured

* What a libel on Dr. M. and Mr. BELL, to say that they did not know whether pus was *in* or *out* of the ventricle.

until it was pointed out to him by the apothecary, *about forty-eight hours after the patient's admission!* This poor woman's ribs were fractured on each side, in addition to the sternum being broken; *a bandage was tightly applied around the chest!* which had the effect of increasing the difficulty of breathing, and probably of driving the broken portion of rib into the lungs.

In a subsequent part of the examination, TUSON admitted that the reports of cases were "*most accurately given*," and that "they (meaning the LANCET) knew more of the cases than he did." (Very likely.)

One piece of evidence was so conclusive that we must admit it. "He (Tuson) saw JUVENAL in the apothecary's room, and that book was quoted in THE LANCET!"

Having repeatedly admitted the accuracy of the cases reported in THE LANCET, he was questioned as to the truth of the statements in the celebrated case of Hernia, given in LANCET, Vol. vi. No. 10.

TUSON admitted that he saw the patient before and after the operation, and that he was present during its performance, *and "that all the particulars were accurately given."* Mr. BELL looked a little queer at this answer.

Oh! thou blundering dolt, thou shouldst not have said this. Hadst thou forgotten that Mr. BELL (thy patron) drew up a report, in which he declared the statements in THE LANCET to be false?

We have no doubt that all our readers will be perfectly satisfied of this TUSON's abilities and moral worth, from a perusal of the foregoing evidence. We think it needless to enter into any further particulars, yet upon such evidence as this, did the Weekly Board suspend the apothecary from the duties of his office; and a meeting of Governors, *calling themselves*, "a Special Board," were *contemptible* enough to sanction such an act of oppression and injustice. We can assure the chief actors in this scene, that their secret springs of movement have long been known to us.

Will the Governors at large sanction such an unjust proceeding as the dismissal of an individual *perfectly guiltless* of the charges imputed to him?

Is there no appeal? Shall this gentleman be dismissed from his situation by the dictum of twenty or thirty individuals, who act at the beck of the surgeons? Alas! it is truly lamentable to see the pettifogging, time-serving party which prevails in the management of the affairs of this charity. We will venture to assert there is no other Hospital in Europe in which the surgeons would have been permitted to retain their situations with such charges pending over them as we have felt it to be our duty to make against the Surgeons of the Middlesex Hospital. Would the directors of any other charity have lent themselves to persecute an individual *supposed* to be *guilty* of giving CORRECT INFORMATION, on which the charges of *mal-practice* were founded? No; they would rather have entered into an inquiry of the truth of such accusa-

tions, and thus have struck at the root of the evil.

It may be urged that the Governors of this Hospital did inquire into the truth of the statements in the ever memorable case of hernia. Truly, they did make an inquiry, and the parties accused were desired to draw up a report!!! they presented that "precious document," (which was not intended to meet the public eye, but which is preserved in our pages to delight and astonish a future generation, and upon this report a *vote of thanks* (enlightened Governors!) was given to the Senior Surgeon! To the entire conviction of every unbiassed mind the surgical incapacity of this man has been amply demonstrated, yet he still, "leech like," retains his hold. Are all the supporters of this Institution deaf to the voice of humanity—to the cries of the afflicted? and will they still permit this incompetent creature to practise upon the objects of their charity? We ask his colleagues if they have not witnessed many an untimely victim to this man's surgery—*surgery* did we say? it were a profanation of the term to style it such.

We once more earnestly intreat the Governors of this Charity to take into immediate consideration the justice, or even propriety, of continuing such a man in his situation. Our language may appear harsh, but we cannot repress the ardour of our indignation, when we contemplate the "sad work" of the Senior Surgeon. We once more assure his colleagues that they will not—*cannot* stifle our voice, or prevent us from obtaining reports of the treatment of *every case* admitted into the Middlesex Hospital; let them be assured their most minute actions are known to us. With respect to the Gentleman who has been dismissed from his situation at the instigation of the Surgeons, we would advise him to make his case known to the Governors of the Hospital, that they may be made acquainted with the unjust treatment he has experienced from a despicable faction. For our own part, we must once more declare, *that he is entirely unknown to us.* In the estimation of the public, his dismissal from office by a *Special Committee of the Middlesex Hospital* will confer no disgrace upon him. We may remark, in conclusion, that the Physicians of the Hospital, in this affair, have shown a disposition to truckle to the Surgeons. Has the Junior Physician then, so soon forgotten the aspersions of Mr. C. BELL? *Parvum parva decent.*

With respect to *Doctor* MERRIMAN'S injudicious warmth upon this business, it is explained by his proposing his nephew to succeed to the office of apothecary; his "unbiassed opinion," as it is called, is therefore of no more value in our estimation than an *Aberdeen* diploma.

Operations.

A few days since, Mr. BELL amputated the arm above the elbow joint; the operation was performed in the usual manner, with a circular incision. A small encysted tumour was also removed from the upper eye-lid of a young man; it contained a fluid something like honey.

The accidents admitted since our last report are—a wound of the cornea; fracture of the patella; two cases of compound fracture of the tibia and

fibula; simple fracture of the tibia and fibula; a severe burn (the child only lived two hours after admission into the Hospital); a simple fracture of the femur, and a punctured wound of the thorax.

John Duff, the patient whose leg was *amputated* by Mr. JOE BURNS, died on Tuesday the 12th instant; such are the fatal effects of delay!

ST. GEORGE'S HOSPITAL.

John Gay, aged 25, a postboy, was admitted into this Hospital, July 18th, under the care of Mr. JEFFREYS. He states, that the night before, whilst doing up his horses, he unfortunately fell astride over an oat-bin. He says, that when he recovered from the shock, that he felt something run down his thighs; on examination he found it was blood, which continued to run from his penis; he endeavoured all in his power to stop the hæmorrhage, but could not; it continued to bleed all night, and the next morning he came here in apparent great agony, with suppresion of urine. A catheter was introduced directly without any difficulty, and about a pint and a half of water mixed with blood was drawn off. There was no hæmorrhage on removing the instruments. The patient was then ordered to bed, and an elastic gum catheter was introduced and allowed to remain in the bladder. The parts to be kept constantly wet with a lotion.

19th. Has had a restless night. There is no tumour in the perinæum. He complains of great pain in the hypogastrium; skin very hot; great thirst; tongue dry and fevered; pulse quick and vibrating; respiration difficult; no cough; bowels costive. Ordered haustus sennæ directly, and to be repeated every four hours till the bowels are opened.

20th. No water having passed since last night, the catheter was therefore removed, and another with some difficulty was introduced, and about four ounces of clear water came away, except the four last drops, which were tinged with blood. There is great pain on pressing the abdomen; he complains likewise of pain on the right hip and thigh: for this he was ordered the hip-bath, which relieved the pain in a great measure. Bowels open from the medicine; pulse small and quick; thirst continues insatiable.—Let him have the following:

℞ *Pulv. ipecac. c.* gr. v.
—— *Tragacanth. c.* 3ss.
Potassæ nit. gr. x.
Spts. æth. nit. 3i.
Aq. piment 3iss. f. *Haust.*
2d. quaq. hora sumend.

21st. Has had a restless night; the secretion of urine has stopped since yesterday, since which he has been comatose and partly insensible; the skin all over his body is very much discoloured; respiration difficult and laborious; pulse hardly to be felt at the wrist. He continued in this state till about eleven *a. m.*, when he died. The body was opened, but exhibited no morbid appearance. The kidneys were more flaccid than usual; the bladder contained no urine; and the urethra was ruptured near the prostate.

John Reynolds, aged 25, of strong constitution and regular habits, was admitted into this Hospital, June 27th, with a swelling of the knee joint, which deprived him of the use of his limb. The swelling appeared like a collection of the synovial fluid within the capsular ligament of the joint; but on examination there was found a hard moveable substance under the fasciæ of the joint, that rolled from one side of the knee to the other; it was therefore resolved by the surgeons of the Hospital to have it removed.

July 11. Having made secure the tumour by the hand of an assistant, Mr. JEFFREYS commenced the operation by making an incision an inch and a half through the integuments, right over the portion of detached substance, cutting through the fasciæ and fibres of the vastus externus, making the incision large enough to allow the substance to escape. On examination, it appeared to be cartilaginous, and about the size of a small kidney bean. The edges of the wound were brought together by adhesive plaster, and a roller applied. After the operation, cold applications were applied.

[*To be continued.*]

TO CORRESPONDENTS.

We cannot interfere with Dr. MERRIMAN'S PRIVATE (domestic) PRACTICE, *it being a dark business. A gestation of* 311 *days is not impossible.*

The compact between JOE-BURNS *and* SHAW, *by which the former undertakes to deal out physic and the latter to make the crooked straight, may be of service to themselves.*

R. W. *knows nothing of the matter.*

We are obliged to our EDINBURGH CORRESPONDENT *for his friendly Note, explanatory of the* DEPTH *of the surgical practice of the North, and if he will favour us with an address we will write to him.*

The want of punctuality, of which DANIEL *complains, is not confined to Bartholomew's Hospital. Such conduct in Surgeons is extremely injurious to the Pupil's interest.*

The remedy of which our RHEUMATIC FRIEND *speaks is colchicum (meadow-saffron), of which various preparations are kept in the shops. The formula he has sent is inferior to any of the processes directed by the College, but may, undoubtedly, be useful.*

There must be some mistake respecting the Letter to which Dr. G. of Clifton, *refers.—It has not been received.*

We thank S. of B——n, *for his kind offer, but it has come too late. The omission to which he alludes will be remedied.*

Our Correspondent from Spring Gardens libels us, in supposing that we could do any thing at the instance of Dr. JAMES JOHNSON; *the alteration was inevitable, and arose* EX NECESSITATE RERUM.

We cannot insert cases upon anonymous testimony, but if the Surgeon at Blackburn will send us the particulars of the operation (Cæsarean) alluded to we will endeavour to find room for it.

"A DRESSER OF BARTHOLOMEW'S HOSPITAL" *shall appear.—Fiat Justitia.*

The Letter of "A PUPIL" *at St. George's cannot be inserted, although he writes on a* GOOD *subject. We hope the Gentlemen alluded to will mend their manners.*

The Letter of "A DRESSER" *at Bartholomew's is under consideration. The House* SURGEONS *(as they are called) at that Hospital, may be worthy the patronage of* ABERNETHY, *as those of the Middlesex are of* JOE BURNS *and his associates. We do not know how Dressers are to profit by such a system, and he who supports it by paying fifty guineas to the one, or thirty to the other, is a blockhead.*

H. M.'s *Letter shall be inserted.*

We thank SPECTATOR *for his hints, but his Letter is not particularly suited to our pages.*

The notice sent us by "A STUDENT," *is an advertisement.*

If "A GENERAL PRACTITIONER IN THE COUNTRY" *will send us his address, together with the case, and a list of the remedies he has tried, we will write to him.*

The Letter of "AN ITALIAN STUDENT," *respecting an article from the* "Archives Generales," *shall appear on the first opportunity.*

We are obliged to "VERITAS."

"JEMMY BUMP" (*with whom porter goes down like mother's milk*) *is* RESPECTFULLY *informed, that the errors of the press in* Dr. SPURZHEIM'S *Lectures, as well as others, will be corrected and placed at the end of the volume.*

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